Promise Jobs
Promoting Independence and Self-Sufficiency through Employment
Job Opportunities and Basic Skills

The Department of Human Services in Partnership with the Departments of Economic Development, Education, Human Rights, Management, and Workforce Development.

Self-Assessment

To receive cash assistance from the Iowa Family Investment Program (FIP) you must participate in the PROMISE JOBS program. Answering the following questions will help you and your PROMISE JOBS worker identify the PROMISE JOBS services that can help you the most. We offer a variety of help and accommodations for you to succeed. Please answer all the questions as completely as possible. ***(Please print).***

About You

Social Security Number _____-___-_____ Name: _____

Address: _____

Phone contacts:

Home	Cell	Message

City: _____ Zip: _____ County: _____

Birth date: _____/_____/_____ Age: _____

Have you ever been known by any other name? ☐ Yes ☐ No

If yes, please list names. _____

Persons in Your Home

List all the persons that live in your home, their birth date, and their relationship to you. For children in school, fill in their grade and the name of their school.

Name	Birth Date	Relationship to You	Grade in School	Name of School

1. Do you need help with child care in order to work or participate in PROMISE JOBS activities?
   ☐ Yes ☐ No
   If yes, list the children who need care: _____
   If yes, do you have a child care provider? ☐ Yes ☐ No
   If yes, list the person or agency that will care for your children: _____

Provider Name	Phone Number	
Address		
City	State	Zip Code

2. Do your children or other persons in your home have special problems that make it hard for you to work? ☐ Yes ☐ No
   If yes, list their name(s): _____
   If yes, check all that apply: ☐ Medical condition ☐ Physical condition ☐ Mental/emotional/behavioral problems
   How does it affect your ability to work? _____

3. Are any of your children receiving or applying for SSI or other benefits? ☐ Yes ☐ No
   If yes, please explain: _____

4. Have there been any recent threats or violence towards you, your children or others in your household? ☐ Yes ☐ No
   If yes, please explain: _____

5. Do you have other family circumstances that may make it hard for you to work?
   ☐ Yes ☐ No
   If yes, please explain: _____

6. Family planning information and referral:
   Do you want information or a referral for family planning counseling services?
   ☐ Yes ☐ No

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Action Needed ☐ Yes ☐ No

Work History

7. Are you currently working? ☐ Yes ☐ No
   If yes, name your employer: _____
   If yes, how many hours per week do you work? _____ Wage per hour: _____

8. On a scale of 1 to 5, circle how ready you are to go to work.
   I cannot work. = 1 2 3 4 5 = I am ready to work.
   Please explain your rating: _____

9. Have you ever had a job? ☐ Yes ☐ No
   If yes, please answer the following:
   When is the last time you held a job? _____
   What is the longest job you ever held? _____
   For how long? _____
   About how many jobs have you had in your life? _____

10. Have you ever worked as a volunteer? ☐ Yes ☐ No
If yes, when is the last time you held a volunteer position? _____
Where _____ For how long? _____

11. Have you ever served in the military? ☐ Yes ☐ No
If yes, give branch and dates: _____
Type of discharge: _____

12. What types of work can you do and what work skills do you have? Please explain.

_____

_____

_____

13. Given the opportunity, what type of work would you like to do?

_____

Do not write in this space. For staff use only.
Action Needed ☐ Yes ☐ No

Education

14. What is the highest grade you completed in school? _____

15. Did you complete:
☐ GED Date completed: _____
☐ High school Graduation date: _____
☐ Vocational school: Major _____
☐ College: Major _____ Minor _____

16. Are you currently attending school? ☐ Yes ☐ No
If yes: ☐ Full time ☐ Part time
If yes, where _____

17. Do you have any professional licenses or certificates? ☐ Yes ☐ No
If yes, explain _____

18. Are you interested in returning to school or training? ☐ Yes ☐ No
If yes, explain _____

19. Do you have learning disabilities, or did you have problems learning or keeping up in school?
☐ Yes ☐ No
If yes, explain _____

20. Do you have trouble with: ☐ Spelling ☐ Reading ☐ Math ☐ Other
If yes, explain _____

21. Were you ever in a special education or resource program? ☐ Yes ☐ No

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Action Needed ☐ Yes ☐ No

Income

22. Check any source of income that applies to you whether you receive it or have received it in the past:

☐ Child Support	☐ Applied	☐ Receiving	☐ Denied	☐ In appeal	☐ Lost benefits
☐ Job insurance benefits	☐ Applied	☐ Receiving	☐ Denied	☐ In appeal	☐ Lost benefits
☐ Supplemental Security Income (SSI)	☐ Applied	☐ Receiving	☐ Denied	☐ In appeal	☐ Lost benefits
☐ Social Security Disability Insurance (SSDI)	☐ Applied	☐ Receiving	☐ Denied	☐ In appeal	☐ Lost benefits
☐ Other	☐ Applied	☐ Receiving	☐ Denied	☐ In appeal	☐ Lost benefits

23. If you checked "denied," please explain: _____

_____

24. If you checked "in appeal," do you have an attorney? ☐ Yes ☐ No

25. If you checked "lost benefits," please explain: _____

Do not write in this space. For staff use only.
Action Needed ☐ Yes ☐ No

Transportation

26. List all forms of transportation that you use: _____

_____

If any source is not reliable, please explain: _____

_____

27. Do you have a driver's license? ☐ Yes ☐ No If no, why _____

28. How close do you live to a bus line? _____

29. How many miles do you live from the PROMISE JOBS office? _____

Do not write in this space. For staff use only.
Action Needed ☐ Yes ☐ No

Housing

30. How long have you lived at your current address? _____

31. Is your housing safe and stable? ☐ Yes ☐ No
If no, explain _____

32. Are you receiving or have you applied for subsidized housing assistance? ☐ Yes ☐ No
If yes, what agency? _____

33. Do you plan on moving to a different address? ☐ Yes ☐ No If yes, how soon? _____

Do not write in this space. For staff use only.
Action Needed ☐ Yes ☐ No

Health Answering questions 34-42 is voluntary. However, answering any of the questions will help your worker know if you have problems with participating in the program.

34. Do you have a family doctor? ☐ Yes ☐ No
If yes, please name your doctor: _____

This question is for women only:

35. Are you pregnant? ☐ Yes ☐ No If yes, expected date of delivery: _____

36. Do you have any temporary medical problems that limit your ability to work or participate in PROMISE JOBS activities? ☐ Yes ☐ No
If so, when will you be able to work? _____

37. Do you have permanent medical problems that limit your ability to work or participate in PROMISE JOBS activities? ☐ Yes ☐ No
If no, skip to #39. If yes, check all that apply:

☐ Severe allergies	☐ Asthma	☐ Arthritis	☐ Birth defect
☐ Blood pressure	☐ Chronic pain	☐ Brain injury/neurological disorder	
☐ Cancer	☐ Chronic Fatigue Syndrome	☐ Diabetes	☐ Lupus
☐ Migraine headaches	☐ Nerve problems	☐ Orthopedic problems	
☐ Multiple sclerosis	☐ Repetitive Motion Syndrome	☐ Seizure disorder/epilepsy	

☐ Use assistive devices such as prosthesis, glasses or hearing aids
☐ Other _____ Explain: _____

38. If you checked any of the medical problems in #37, on a scale of 1 to 5, circle how your medical problems limit your ability to work:
I cannot work. = 1 2 3 4 5 = I work.

39. Do you have physical, mental, emotional, or addiction problems that limit your ability to work?
☐ Yes ☐ No
If yes, check any of the following that apply to you:

☐ **Mobility:** Please check the items you have problems with.

☐ Walking	☐ Crouching	☐ Kneeling	☐ Stooping
☐ Climbing	☐ Crawling	☐ Twisting	☐ Balancing
☐ Travel	☐ Other explain: _____		

☐ **Self-direction:** Please check the items you have problems with.

☐ Dependability	☐ Following routine	☐ Frequent changes
☐ Being punctual	☐ Being organized	☐ Planning activities
☐ Making decisions	☐ Initiating activities	

☐ Other explain: _____

☐ **Work skills:** Please check the items you have problems with.

☐ Memory	☐ Learning speed	☐ Attention span
☐ Eye-hand coordination	☐ Comprehension	☐ Time management
☐ Math skills	☐ Manipulating objects	☐ Motor coordination

☐ Other explain: _____

☐ **Work tolerance:** Please check the items you have problems with.

☐ Stamina	☐ Cold/heat	☐ Fumes/dust
☐ Wet/humid environment	☐ Sitting	☐ Chemical sensitivity
☐ Stress	☐ Absenteeism	☐ Strength
☐ Work speed	☐ Reaching	☐ Standing
☐ Lifting (lbs., specifics) _____		☐ Temperature change
☐ Noise/vibrations	☐ High places	☐ Psychological factors

☐ Other explain: _____

Describe your limits with above: _____

☐ **People skills:** Please check the items you have problems with.

☐ Cooperation	☐ Controlling emotions	☐ Understanding social cues
☐ Getting along with others	☐ Tact	☐ Accepts supervision

☐ Other explain: _____

☐ **Communication:** Please check the items you have problems with.

☐ Talking	☐ Writing	☐ Completing applications
☐ Reading	☐ Hearing	☐ Speaking/interviewing

☐ Other explain: _____

40. I have other mental or emotional problems that limit my ability to work. ☐ Yes ☐ No

If yes, check all that apply to you:

☐ Depression	☐ Compulsive behaviors	☐ Low self-esteem
☐ Rape/incest	☐ Post traumatic stress disorder	

☐ Addiction to (please circle): Alcohol Drugs Gambling Sex Other explain: _____

41. If checked above, are you receiving counseling? ☐ Yes ☐ No
If yes, where? _____
If no, are you interested in receiving counseling? ☐ Yes ☐ No
Please explain _____

42. Are you currently taking any medications that limit your ability to work? ☐ Yes ☐ No
If yes, please explain _____

Do not write in this space. For staff use only.
Action Needed ☐ Yes ☐ No

Legal

43. A drug felony occurs when a person is found guilty of using, having, or sharing a controlled substance under either federal or state law. Have you been convicted of a drug felony that you committed after August 22, 1996? ☐ Yes ☐ No
If yes, please list the date and place of this conviction _____

44. Have you ever been convicted of a crime? ☐ Yes ☐ No

45. Are you involved in any legal action at this time? (i.e., divorce, lawsuit, criminal, civil, family, traffic court) ☐ Yes ☐ No If yes, please explain _____

Do not write in this space. For staff use only.
Action Needed ☐ Yes ☐ No

Additional comments or information you would like the PROMISE JOBS worker to know

46. I need the following help to get and keep a job. _____

47. I am currently working with another agency.
Vocational Rehabilitation ☐ Yes ☐ No Have developed a plan: ☐ Yes ☐ No
Worker name: _____
Workforce Development ☐ Yes ☐ No Have developed a plan: ☐ Yes ☐ No
Worker name: _____
Family Development and Self Sufficiency (FaDSS) ☐ Yes ☐ No
Have developed a plan: ☐ Yes ☐ No
Worker name: _____
Subsidized Housing ☐ Yes ☐ No Have developed a plan: ☐ Yes ☐ No
Worker name: _____
DHS Social Services ☐ Yes ☐ No Have developed a plan: ☐ Yes ☐ No
Worker name: _____
Other: ☐ Yes ☐ No Have developed a plan: ☐ Yes ☐ No
Worker name: _____
Agency name: _____

I would like my PROMISE JOBS worker to know: _____

_____

_____

We will give you information and answer any questions you have. If you think we did not answer your questions, please contact your local PROMISE JOBS office and ask to speak with the PROMISE JOBS supervisor.

Your Signature	Date